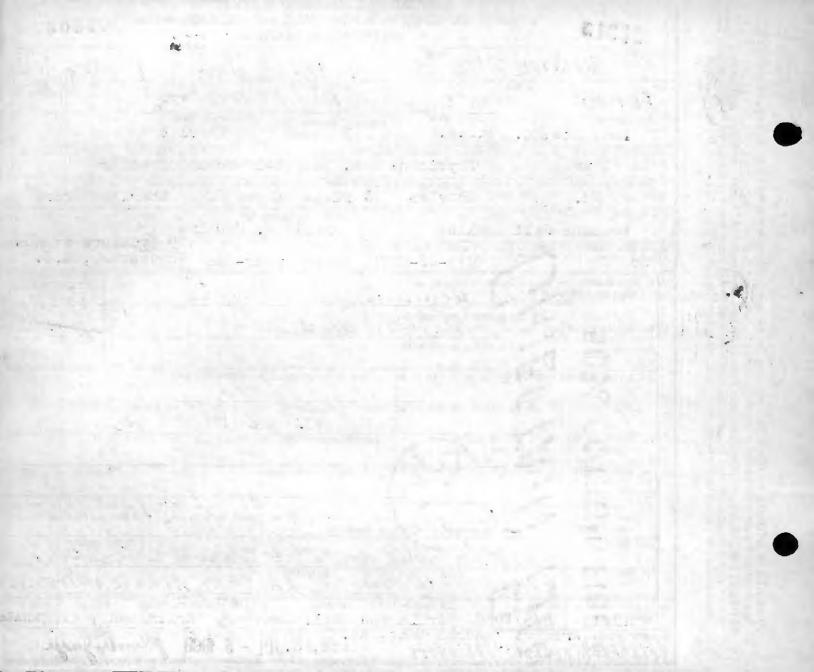
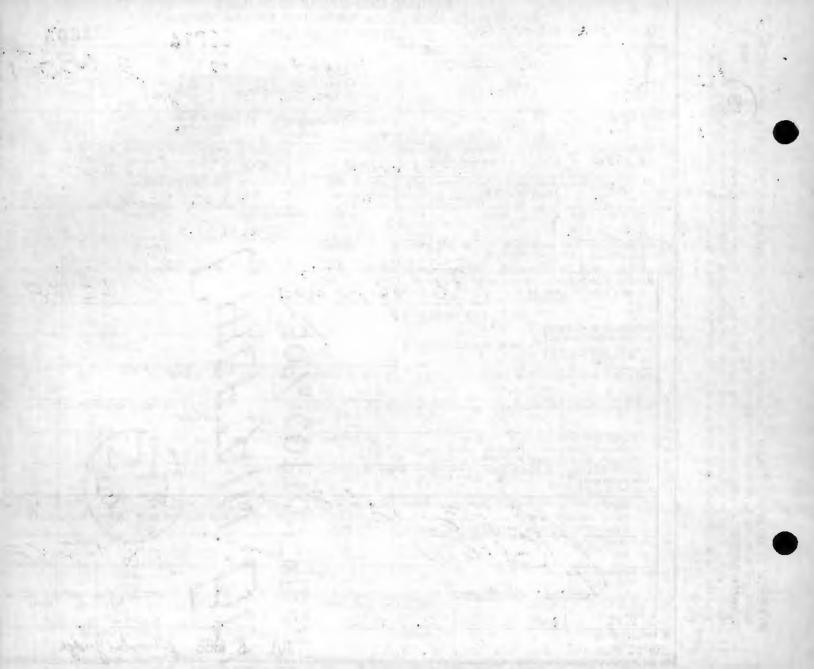
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09801 FOR STATE Item#13a.b.c.e.FilmGMEDICALEXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME Month 20 DATE KNOWN (Type or Print) FST1-DEATH MATED 6. AGE (In years 3. SEX 4. RACE S DATE OF BIRTH IF UNDER 74 HKS 20 DATE PRONOLINGED DEAT 7o. BIRTHPLACE (State or foreign CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Mary land U.S.A. WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR JOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 112b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) 13d. INSIDE CITY LIMITS? 13d USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER MARZ (nogesimbol 136 COUNTY nce George Upper Marlbows NO 30x 2115 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Unknown Thomas L. Boone LZ_INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 431-3rd (Yes, na, ar unknown) Boone (If yes give war or dates of service) Unknown File APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per time of (a), (b) and (c).) RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6). event DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a). should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 2 PART BOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART US PO. DATE OF OPPRATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🖂 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Day, Year 21c. HOM INJURY OCCURRED (Enter nature of injury in Part 1 or 2 art 2, Item 18.) PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (At Horne, farm, street, 21f. LOCATION Street of R.F.D. No. City or Jown factory, office building WHILE AT WORK AT WORK 220. I certify that I taak charge of the remains described above, held on Autopsy Inspection 4 Inquiry ... ond in my opinion death resulted from: Natural causes Accident | Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 226. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) ADDRESS(Street, city, tawn, ar county) 50 23a. BURIAL CREMATION. 23b. DAT 23d. LOCATION (City or Town) (County) Washington, 24. FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE VR A15ME (5)

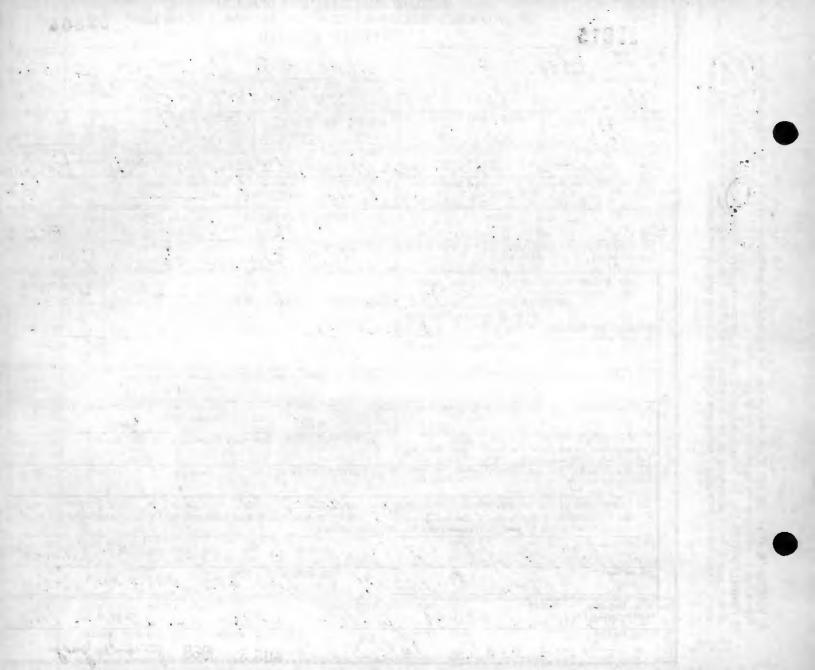
MARYLAND STATE DEPARTMENT OF HEALTH



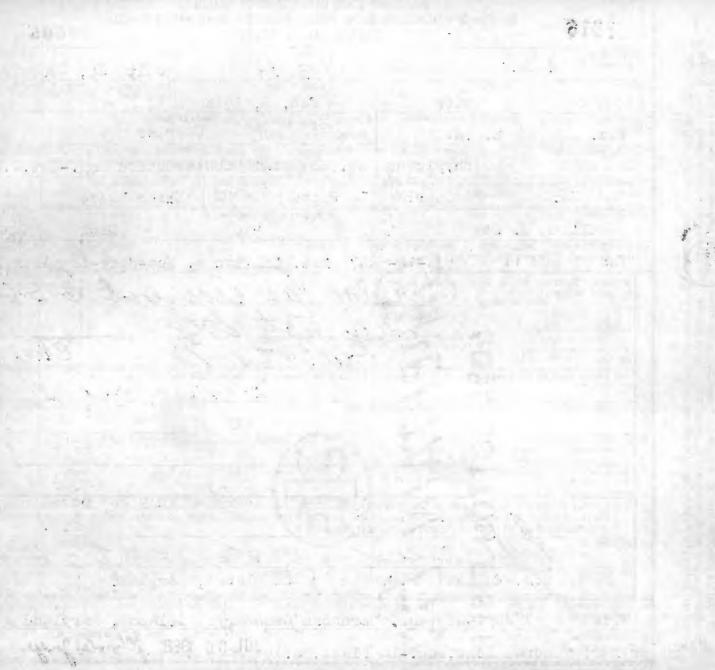
,	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	Item#6, FilmGLO2 7/11/68km CERTIFICATE OF DEATH 19912 09803
death.	1. DECEASED-NAME First Middle HUNTT 20. DATE OF DEATH Month To Constitution of the Con
dies see	3. SEX Male 4. RACE Thite 5. DATE OF BIRTH Dec. 21, 1910 6. AGE (In yeors is under 1948 is under 24 Hrs. lost brithday) MONTH'S DAYS HOURS MIN.
PHYSICIAN: The law requires that the death certificate be executed within 24-hours he haspital ar attending physician. his certificate has been signed by the attending physician and campletely filled in by the tacked far use as the burial-transit permit. Then please remove carban papers, be Dept. af Health priar to burial, cremation, ar remayal, and in any event, within 12-hour	70. BIRTHPLACE (State or foreign country) Md. 7b. CITIZEN OF WHAT COUNTRY? USA. 8 MARRIED NEVER MARRIED Charles Md
ecuted within 24- campletely filled i ove carban paper y event, within 72	10. CITY OR TOWN OF DEATH La Plata 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 121. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 122. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 123. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 124. The plata during most of working life, even if retired.)
icate be executed within is sician and campletely fille please remove carban part, and in any event, within	13c. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE Md 13b. COUNTY Charles Waldorf 13c. CITY OR TOWN 13d. INSIGE CITY UMITS? 13e. STREET AND NUMBER 13b. COUNTY Charles Waldorf
and cam remove n any ev	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
se r	Joseph Huntt Helena Winkler
ertificate by physician nen please aval, and i	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, pg, or unknown) (II yes give war ar dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
phy	No 217 36 7641 Mrs. Catherine I. Huntt Waldorf, Md.
squires that the death certifi physician. signed by the attending phy burial-transit permit. Then l burial, crematian, ar remava	18. CAUSE OF DEATH (Enter only one couse per line top(o), (b), ond (c).) PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o)
t the at	Conditions, if any, which gave trise to immediate cause (a).
s tha cian. d by tran- tran,	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
physician physician signed by burial-tra burial, cre	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
law rec nding p been s s the b iar ta b	= 163 X
al ar attending icate has been far use as the Health priar ta	196. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED (Finer polyter of injury in Port 1 or Port 2, Item 18.)
d far u	G [If either, notify medical examiner] P.M. Month Doy Year
rne naspiral r this certifice detached fa te Dept. af He	21d. INJURY OCCURRED While of work of
te pe	22a. I certify that (I) (this hospital) attended the deceased from
OR ATTENDING be retained by th DIRECTOR: After to g 3 should be d ed with the State	22b. SIGNATURE DEGREE ATTENDING HED. STAFF 22c. DATE SIGNED 22c. DATE SIGNED
FO HOSPITAL (Page 4 may b O FUNERAL DI director, page shauld be file	22d. PHYSICIAN'S NAME (Type) E. J. Edelen La Plata, Md. 20646
Page 4 O FUNE directa shauld	230. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 2 2	FMOVAL(Specify) July 6, 1968 St. Josephs Pomfret Charles Wd.
VR ALSTER	24. FUNERAL DIRECTOR Huntt Funeral Home Waldorf, Md. 20601 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR'S SIGNATURE 250. REC'D
WALL KEN YOU	Maroo Fanctar Home Wardoff, Mit. 20001



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09804 CERTIFICATE OF DEATH DECEASED-NAME Middle 25. HOUR (Type or print) 3. SEX 4. RACE AGE (In years IF UNDER 24 HRS. S. DATE OF BURIL IF UNDER 1 YEAR within 24 haurs after event, within 72 hours after last birthagy) MONTHS HOURS YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED filled in country) WIDOWED [DIVORCED [10. CUTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12 of USUAL OCCUPATION (Kind of work done) +12b. KIND OF BUSINESS OR give street oddress dufing most of working life, even Wretired by **INDUSTRY** 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13t. CITY OR TOWN 13e. STREET AND NUMBER executed edmission) STATE 136. COUNTY NOP and in any attending physician and sermit. Then please rem 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no. or unknown (If yes give wer or dates of service). crematian, ar remayal, APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b); and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCEZO Conditions, if ony, which gove) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying couse burial lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? YES Z NO [210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 2)e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED Stote City or Town County While Not while of work 220. I certify that (1) (this hospital) attended the deceased from flancia, 1962 saw the deceased alive an 29 July 1964, and that in (my) (our) opinion death accurred on the date and haur and from the 3 should causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE ATTENDING STAFF DEGREE PHYS. DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 235 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION (County 0 2Sb. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** ADDRESS VR A15 (4) 30M REV. 1X68 Klanke



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09916 39805 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) HORACE WILLIAM 4. RACE remave carban papers. Pages I in any event, within 72 haurs after 3. SEX S. DATE OF BIRTH 6. AGE (In years IF DINDER 1 YEAR within 24 haurs after last birthday) MONTHS Male White Feb. 8, 1914 in by 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED TY NEVER MARRIED 9. COUNTY OF DEATH countryFla. Charles U.S.A. DIVORCED T WIDOWED [7] completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Hospitadring motor washing life eventified En La Plata Mem. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? requires that the death certificate be executed 13b. COUNTY Charles La Plata YES [NO X Kline Drive 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Lost William D. Kea Mae Bush 16b. SOCIAL SECURITY NO. 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yestho or nuknown) 52-18-5247 Lillian B. Kea-Wife-La Plata Mrs. 18. CAUSE OF DEATH (Enter only one cause per line for (6), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial, crematian, or re IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior tal TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO K YES 🗍 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn County State While Not while of wark TO HOSPITAL OR ATTENDING causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S Edelen M.D. Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (State) (County) BREMOVAL (Specify) 7/29/1968 St. Barnabas Cemetery Leland , Maryland 250 RECT BY REGISTRAR 24. FUNERAL DIRECTOR Arehart Funeral Home, Inc. - La Plata, Md. 30M REV. 1/68





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FOR STATE	I	tem2a, FilmGlO2 7/2MEDICAL EXAMINER'S CERTIFICATE OF DEATH [[]]	· U 1
HEALTH DEPT.	I D	DECEASED-NAME First Middle Lost 20 DATE KNOWN Month	Po Yenr Jo HOUR
~ d f \ (4)	L	Norma Jean Patterson Death MATED ロガルが	758/ 19 25W M
deloy and 3 A3.	3 5	Female Colored Orth - 1960 8 of birthday) 6 AGE (in years F. NDER YEAR IF UNDER 24 MRS 2c DATE PRONOUNCED DEAD Month 7 Dayl7 -	768 2d HOUR
P. orr	_	CO B . TEC - TRS	MAS SAM
form form te Dep	co.ir	Varyland USA WIDOWED DIVORCED Charles	Md
This certificate shauld be executed within 24 hours ofter death Cny cate, writing the word pending in pencil in item 18 Give Poges 1, 2, a be forwarded to the Chief Medical Exominer's Office along with form PM is used as a buriol-trafisit permit file pages lond 2 with the State Depart or removal, and in any event within 72 haurs after death	10. (TITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INST.TUTION (If not in hosp toll survive street oddress) 12. USUAL OCCUPATION (Kind of work done of the street oddress) 13. PSSIDENCE (Where descripted and a street oddress) 13. PSSIDENCE (Where descripted and a street oddress)	126 KIND OF BUSINESS OR INDUSTRY N OTLE
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m I free nd2		FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN hame First Middle	Lost
d within 24 hours or in pencil in item 18 Exominer's Office all File pages lond 2 win 72 haurs after dec		Duis J. Patterson Norma May Patterson	tvai
ncil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17, INFORMANT ADDRESS	FT . 3 . 44 . 4
with n pen Exom File p	4.1	(es, no, or unknown) (if yes give war or do'es at service) Norma May Patterson-Indian	
be executed pending in the Medical E		IB. CAUSE OF DEATH (Enter only one couse per line for (α), (b), ond (c) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
pending pending of Medical sit		IMMEDIATE CAUSE (a)COWILLING	Immediate
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old b		stoting the underlying cause Due To, OR AS A CONSEQUENCE OF	
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XAMINER: This certificate is the certificate with the certificate, writing the get 4 should be forwarded to your files. Age 3 should be used as a be cremotion, or removal, and	NO	1171	
Cer . wr orw use	ICATI	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This create, be to d be u	CERTIFICATION	210 EXTERNAL CAUSE WAS 210 T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, ter	YES NO
INER: This certificate. writ should be forwar files. 3 should be used notion, or remova	3	PRIMARY TOR CONTRIBUTING HOUR AM CAUSE OF DEATH PM 7-16 19 68 Accidental Drowning	,0,
sho	Q3W	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f COCATION Street or RFD No City or Town	County State
EXAM ute th oge 4 your Page , crem		WHILE MOT WHILE of foctory, office building, etc.) AT WORK AT WORK AT MALLEWOMAN Creek Indian Head Ch	arles Md.
		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspect an 🔼 Inquiry 🕰	and in my apin'an
DEPUTY Stressory, please exect e funeral director. Po may be refoined for FUNERAL DIRECTOR: solth prior to burial.		death resulted fram: Natural causes , Accidentalx, Suicide , Hamicide , Undetermined manner [
EPUTY Ssory, pleose e funeral director oy be retoined INERAL DIRECT		CHIEF MEDICAL EXAMINER 226 DATES	renif6
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TO DEPUT necessory the funers 5 moy be TO FUNERA Reoth p	230	RIPUL (REMATION. 236 PATE / 23c NAME OF CEMETERY OR CREMATORY) (23d LOCATION (City or Town)	(County) (Stote)
0	-24	FUNERAL DIRECTOR - 17/21/1961 ST. MARY STARR OF SEA INDIAN, HEAD	IGNATURE
VR ATSME (5)	1	SERRY FUNERAL HONE POMICNES, Md MUL 23 1968 Relianle	Indge.



1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	L	CERTIFICATE OF DEATH
eral and 2		TERASED-NAME First Middle Lost 20 DATE OF DEATH Type or print) FRANCES VIY9 IN 13 PICHERAL JULY Month 6 Day Year 8 30 MM
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Thours 2 have	7a. l caur	BIRTHRUAGE (State or foreign , 76 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
ithin 24 Julian 194 Julian 195 Within 72 Within 72	10. 6	TTY OR TOWN OF DEATH 11 NAMPOF HOSPITAL OR MANAGEMENT ON (If not in haspital during an ast of working life, even it betired) 12 USUAL OCCUPATION (Kind of work done during an ast of working life, even it betired) 13 NAMPOF HOSPITAL OR MANAGEMENT OF DEATH 14 NAMPOF HOSPITAL OR MANAGEMENT OF DEATH 15 NAMPOF HOSPITAL OR MANAGEMENT OF DEATH 16 NAMPOF HOSPITAL OR MANAGEMENT OF DEATH 17 NAMPOF HOSPITAL OR MANAGEMENT OF DEATH 18 NAMPOF HOSPITAL OR MANAGEMENT OF DEATH 19 NAMPOF HOSPITAL OR MANAGEMENT OR MANAGEMENT OF DEATH 19 NAMPOF HOSPITAL OR MANAGEMENT OR MANAGEMEN
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IAN: That or of ficate har use far use Health	CAL CERT	21c. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
S PHYSICIAN: the haspital ar this certificate detached far u e Dept af Heal	MEDICAL	Tit either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while
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OR ATTENE be retained burkector: A pe 3 should		causes stated above (I) (we) (did) (did nat) view the bady after death. 226 SIGNATURE 22c. DATE SIGNED
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TO HOSPITAL Page 4 may be to FUNERAL Diector, page should be file	24	PSUR AL, CREMATION, 236 DATE 236 MAINE OF CEMETERY OR CREMATORY 23d LOCATION (City or Jown) (County) (Stoke) PEMOVA, (Special) 23d LOCATION (City or Jown) (County) (Stoke) PEINEMAL DIRECTOR 23d LOCATION (City or Jown) (County) (Stoke) PEINEMAL DIRECTOR 23d LOCATION (City or Jown) (County) (Stoke) PEINEMAL DIRECTOR 23d LOCATION (City or Jown) (County) (Stoke)
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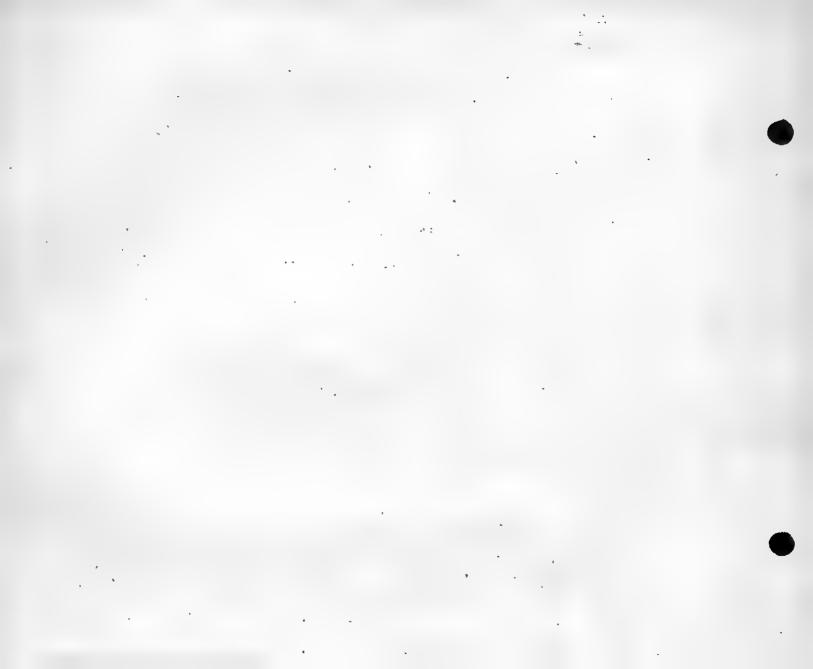
MAKTLAND STATE DEPARTMENT OF HEALTH



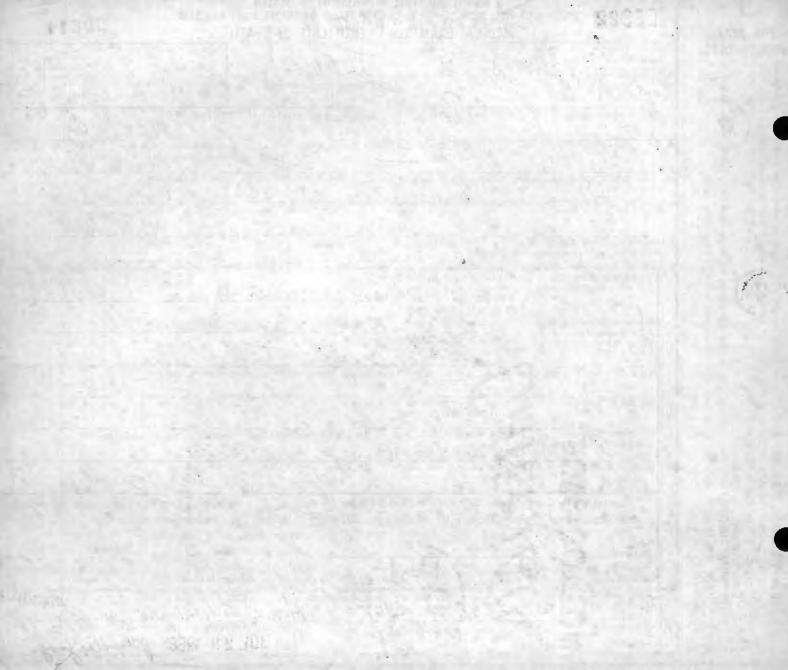
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 19920 u 3009 CERTIFICATE OF DEATH Middle 1. DECEASED NAME Lost ·2g DATE OF DEATH 2b. HOUR death (Type or print) Month Raymond Quade. July 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years e be executed within 24 haurs after IF UNDER 1 YEAR IE LINDER 24 HRS last birthday) MONTHS DAYS HOURS June 24.1900 male white campletely filled in by 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH signed by the attending physicina and compount to papers. country) St. Marys WIDOWED DIVORCED [USA XXXXXXXXXXX Charles 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.)
Retired Physicians Mem. Hospita LaPlata 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13€ CITY OR TOWN 13d INSIDE CITY LUBITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY Mechanicsvil Maryland Marve Rt. 2 Box 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Μ. James Quade Jane Lacey 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) The law requires that the death certific (If yes give war or dates of service) Mrs. Julia L. Quade - Mechanicsville, Md. 03 5105 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)
PART I DEATH WAS CAUSED BY LETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Canditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept of Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? NO 🗍 YES 🗀 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21t. LOCATION Street or R.F.D. No City or Town County Stote While Nat while of work 22a. I certify that (I) (this haspital) attended the deceased from 4, 1948, ta 7/29, 1968, that (I) (we) last saw the deceased alive an 2/36, and that in (my) (aur) apinian death accurred an the date and haur and from the 3 shauld causes stated above, (1) (we) Idid (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** STAFF directar, page 3 should be filed v DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN J. ROY GUYTHER M.D. Machanicsville, Md. 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) St. Joseph's Cem. Morganza.Md. Buriel 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 DATEAUG 30M REV. 1768 John M. Welch - Leonardtown Md.



	1	MAKTIAND STATE DEPAKTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the a director, page 3 should be detached for use as the burial-tronsit py should be filled with the State Dept. of Health priar to burial, cremoting	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) The roam 50 philes to Both Legs. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?
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OR ATTENDING be retoined by the SIRECTOR: After the e 3 should be d		causes stoted obave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE ATTENDING PHYS. ATTENDING PHYS. 22c. DATE SIGNED 7-13-68
SPITAL (4 moy b IERAL DI or, poge d be file		22d. PHYSICIAN'S Front A. Susan 87. B. Rt. 1Box 50, Indian Head. Nd. 2064
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The State of the S	4	MARTLAND STATE DEPARTMENT OF HEALTH
_3		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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	10.	MY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR,
within 24 hours after death pencil in Item 18. Give Pages 1, faminer's Office along with form 18 pages 1 and 2 with the State 72 hours after death	1	designated give street address) designated file, event retired.) - INDUSTRY S. N.
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2 v de		dmission) STATE Md. 13b. COUNTY Charles & olomes Negote-YES NO 1 /2 / Illnwood blace.
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75 5 20		18. CAUSE OF DEATH (Enter only one couse per line tag (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
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This cate, be fa	E E	WAS PERFORMED? YES \(\sum \) NO \(\overline{\pi} \)
fice The day of a day of the day		210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
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blease execute director. Page estained for you birectors. Page or to birectors. Page or to burial, cre		220. I certify that I took charge of the remains described above, held an Autopsy I, Inspection of Inquiry ond in my apinion
ICAL E e executor. Pa ed for CTOR: b		death resulted from: Marurol causes , Accident , Suicide , Homicide , Undetermined monner
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MARYLAND STATE DEPARTMENT OF HEALTH